



**Massachusetts Department of Environmental Protection**  
Environmental Results Program  
**Supplier Certification of Emission Performance**  
New Engines & Turbines (Non-Emergency) – To Be Completed by Supplier

Facility Name \_\_\_\_\_

MassDEP Facility ID#  
(if known) \_\_\_\_\_

## A. Facility Information

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_

## B. Supplier Information

Supplier Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_

## C. Compliance Information

Complete and submit an Initial Compliance Certification form for *each* new engine or turbine that is subject to the Environmental Results Program (ERP) for Engines or Turbines (EOT). Answer all questions.

Manufacturer of Unit \_\_\_\_\_

Model \_\_\_\_\_

Serial # \_\_\_\_\_

EOT ID # \_\_\_\_\_

Rated Power Output  
(Kilowatts) \_\_\_\_\_

Date Installed \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is the unit an engine?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the unit a turbine?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the primary fuel to be burned natural gas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the primary fuel to be burned fuel oil?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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**B. Compliance Information** (continued)

5. Please list the applicable emission limitations that you are certifying the unit complies with for the lesser of 15,000 hours of operation or the first three years of operation.

*See 310 CMR 7.26(43) Tables 2,3 and 4, or Workbook Section 2.2*

Oxides of Nitrogen	_____ Pounds Per Megawatt Hour	Particulate Matter	_____ Pounds Per Megawatt Hour
Carbon Monoxide	_____ Pounds Per Megawatt Hour	Ammonia	_____ Parts Per Million
Carbon Dioxide	_____ Pounds Per Megawatt Hour		

**D. Supplier Certification Statement**

"I attest under the pains and penalties of perjury:

- I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- III. That systems to maintain compliance are in place at the facility and will be maintained even if processes or operating procedures are changed; and
- IV. That I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
Print Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Certification (MM/DD/YYYY)

Source of Signatory Authority:

If a Corporation:

- ☐ President
- ☐ Secretary
- ☐ Treasurer
- ☐ Vice President (if authorized by corporate vote)
- ☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor